

<b>Request for Virginia Sunshine Fund Assistance</b>	
The Virginia Chapter of APCO has established a Sunshine Fund for the purpose of providing a measure of financial assistance for those Public Safety Telecommunicators who meet with a qualifying event of a nature that affects their personal lives or that of their immediate family members. The following recommendation is presented for consideration:	
<b>Recipient Information</b>	
Name of Recipient:	
Street Address:	
City:	
Zip Code:	
Phone Number:	
E-Mail:	
Is this individual a member of the Virginia chapter?	
Place of Employment:	
Position:	
<b>Individual Presenting the Nomination</b>	
Name:	
Phone Number:	
E-Mail:	
Relationship to Recipient:	
Are you aware of the circumstances by your direct knowledge?	
If the above answer is no, please complete the below section.	
Reported to you by:	
Phone Number (or Contact Information)	
<b>Please Indicate the Life Changing Event (Check Applicable):</b>	
<input type="checkbox"/> Recipient or their spouse, partner or dependent child loses their life <input type="checkbox"/> Recipient's spouse, partner, or dependent child experiences a critical illness or injury <input type="checkbox"/> Recipient's primary residence is <b>lost</b> because of fire, storm, or similar disaster <input type="checkbox"/> Recipient's primary residence is <b>damaged</b> because of fire, storm, or similar disaster <input type="checkbox"/> Recipient experiences a critical illness or injury resulting in a disability <input type="checkbox"/> Recipient experiences an accident with recoverable injuries	
<b>Please Provide Information on the Life Changing Incident</b>	
<b>Respectfully Submitted:</b>	
<b>Date:</b>	

**Submit completed form to the current president of the Virginia Chapter of APCO.**